Name in Full: Reuben Anthony

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg — County: Allegany

Date of death 1904: Month: Jan. — Day: 25 — Age: Years: 71 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Allegany Co. Md.

Married, Single or Widowed: Widower — Occupation: Clerk at Court House

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Colby

Address: Frostburg Md

Accident or Suicide? No

LIBRARY BUREAU A2554.2

GM

Allegany Co.

Name in Full: Ellen N. Atkinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death 1904: Month: Apr; Day: 9; Age: Years: 45; Months; Days

Sex: Female; Color or Race: White; Birthplace: Allegany Co Md

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband: Henry R Atkinson

Father's Name: Snyder; Father's Birthplace:

Mother's Maiden Name: Morgan; Mother's Birthplace:

Name of person giving Information: H. W. D. Atkinson; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of the lumbar region; How long: 3 months

Immediate: Hypostatic congestion; How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J C Coley

Address: Frostburg Md

Accident or Suicide? No

LIBRARY BUREAU AB8616

Percy Grainger

G & M

Name in Full: L. Amanda Bazar

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumb'd — County: Allegh

Date of death	Month	Day	Age: Years	Months	Days
1904	Apl	30		14	

Sex: Female — Color or Race: White — Birthplace: Cumb'd

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: William L Bazar — Father's Birthplace: Orleans Md

Mother's Maiden Name: Lavana Bazar — Mother's Birthplace:

Name of person giving Information: Mrs C — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Non-development — How long: 14 Months

Immediate: Croup — How long: 6 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J M Jones

Address: Dr J Jones 1111 Md St.

Accident or Suicide?

LIBRARY BUREAU A88018

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Ambro Bennett

Died at: Town: Cumberland Md; County: Allegany

Date of death: Month: April; Day: 23; Years: 1904; Age: Years: 31; Months; Days

Sex: Male; Color or Race: White; Birthplace

Occupation: Laborer; Where Residing If not at place of death

Married, Single or Widowed: Single; Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Abscess; How long: Ten days

Immediate: Exhaustion; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. C. Miller M.D.

Address

Accident or Suicide?

LIBRARY BUREAU A66516

Name In Full: Baby Bichrmann

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1907	Month: April	Day: 15	Age: Years: 1	Months: 10	Days: —
Sex: Male	Color or Race: White	Birth-place: —			
Occupation: —	Where Residing if not at place of death: —				
Married, Single or Widowed: —	Name of Wife or Husband: —				
Father's Name: E. J. Bichrmann	Father's Birthplace: —				
Mother's Maiden Name: —	Mother's Birthplace: —				
Name of person giving In formation: —	How related to deceased: —				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrhal bronchitis — How long: 4 days

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Wiley

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU AB6016

Name in Full: Mildred Blue

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland — County: Allegany

Date of death: 1904 — Month: Apr. — Day: 15 — Age: Years: 1 — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: W. Va

Occupation: Child — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Sanders Blue — Father's Birthplace: W. Va

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: — How related to deceased:

1903

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. N. Lowe, MD

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Mrs Julia Bond

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Almshous — County: Allegany

Date of death: Month: April — Day: 26 — 1904

Age: Years: 48 — Months — Days

Sex: Female — Color or Race: White — Birthplace: U. S.

Occupation — Where Residing if not at place of death: Alms House

Married, Single or Widowed: Married — Name of Wife or Husband: Charles Bond

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 2 Mo

Immediate: Convulsions — How long: & 3 days

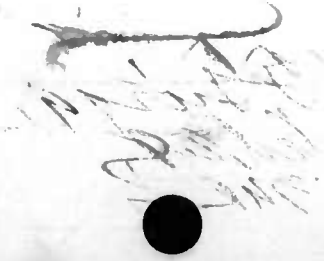
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. F. Twigg

Address: Cumberland MK

Accident or Suicide

LIBRARY BUREAU A86316



Name in Full: Sarah Brodie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lonaconing County: Allegany

Date of death 1905: Month: April Day: 15

Age: Years: — Months: 2 Days: —

Sex: Female Color or Race: White Birthplace: Gilmore Md.

Married, Single or ~~Married~~ Widowed Occupation: None

Name of Wife or Husband: —

Father's Name: Andrew Brodie Father's Birthplace: Scotland

Mother's Maiden Name: Christina McKinnah Mother's Birthplace: Scotland

Name of person giving information: Andrew Brodie How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus How long: Six weeks.

Immediate: Acute Bronchitis How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Skillings

Address: Lonaconing.

Accident or Suicide? No.

LIBRARY BUREAU A88516

Name in Full: Francis Brookman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cumbd. — County: Allegany

Date of death: Month: Apr — Day: 1 — Year: 1904 — Age: Years: — Months: 4 — Days: —

Sex: Male — Color or Race: White — Birthplace: Cumbd.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Frank J Brookman — Father's Birthplace:

Mother's Maiden Name: Margaret Ward — Mother's Birthplace:

Name of person giving Information: " " — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 3 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. N. Low

Address: Cumberland

Accident or Suicide?

8 31 04

LIBRARY BUREAU A4J516

Name in Full: William Ernest Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Alle

Date of death 1904: Month: 4; Day: 1; Age: Years: 1; Months: 7; Days:

Sex: Male; Color or Race: White; Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Calvin Brooks

Father's Birthplace: West Va

Mother's Maiden Name: Bessie P. Whitaker

Mother's Birthplace: West Va

Name of person giving Information: Calvin Brooks

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Laranged Dipl Uteri

How long: 7 d Hours

Immediate: Stenosis

How long: immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C A Brace M D

Address: Cumberland Md

Accident or Suicide? No Bone

LIBRARY BUREAU A88616

Name in Full: Brotemarkle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mapleside; County: Allegany

Date of death: Month: April; Day: 7; 1904

Age: Years: Twenty; Months: ; Days: 1

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Wm. C. Brotemarkle

Father's Birthplace: Md

Mother's Maiden Name: Bessie Evans

Mother's Birthplace: Pa.

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hydrocephalus & Premature Birth — How long: 1

Immediate: Exhaustion — How long: 1

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. K. Broadwater M.D.

Address: 29 Va Ave Cumberland Md

Accident or Suicide? No

LIBRARY BUREAU Ab6516

Name in Full: John Brown

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Lonaconing County: Allegany

Date of death 1934: Month: April Day: 17

Age: Years: 79 Months: Days:

Sex: Male Color or Race: White Birthplace: Scotland

Married, Single or Widowed: Widower Occupation: Was formerly miner,

Name of Wife or Husband: Mary Stratton deceased

Father's Name: Montgomery Brown Father's Birthplace: Scotland,

Mother's Maiden Name: Unknown Mother's Birthplace:

Name of person giving information: Mrs Lockhart How related to deceased: Daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis How long: 2 yrs.

Immediate: Endocarditis How long: 8 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Killing.

Address: Lonaconing,

Accident or Suicide? No

LIBRARY BUREAU A38316

Name in Full: Sarah Bruck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: Apr — Day: 16 — 1904 — Age: Years: 82 yrs — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Penn

Occupation: Milliner — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband: Jacob Bruck

Father's Name: Martin Dudley — Father's Birthplace: —

Mother's Maiden Name: Catherine Conrad — Mother's Birthplace: MD

Name of person giving In formation: J. F. Durby — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: —

Immediate: Exhaustion — How long: 1 wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. F. Durby

Address: Cumberland MD

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Kittura Bryant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Barton; County: Allegany

Date of death 1904: Month: April; Day: 1; Age: Years: 67; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Wales

Married, Single or Widowed: Married; Occupation: H.W.

Name of ~~Wife~~ Husband: James Bryant

Father's Name: David Griffith; Father's Birthplace: Wales

Mother's Maiden Name: — ; Mother's Birthplace: —

Name of person giving information: James Bryant; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long: one week

Immediate: —; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. T. Boucher

Address: Barton, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Emma Burgee

Certificate of Death

Died at Cumberland Town, Allegany County, MARYLAND

Date 1904 Month Apr. Day 18 | Age Y. 1 M. 4 D. — | Native of Md | Occupation —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husband of —

Wife

Father's Name Lloyd Burgee

Mother's Maiden Name

Cause of Death: Primary Marasmus

Immediate Inanition

How long sick months

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

H. H. Slaughter
Cumberland Md

LIBRARY BUREAU, 79998

Name in Full: John H. Carr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So Cumberland — County: Allegany

Date of death 1904: Month: April — Day: 4 — Age: Years: 27. — Months — Days

Sex: Male — Color or Race: White — Birthplace: Va.

Occupation: Machinist — Where Residing if not at place of death

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Emma

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Mr Eckles — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: One Week

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo L. Broadwater M.D.

Address: 28 Va ave Cumberland Md

Accident or Suicide? No

LIBRARY BUREAU A&M316

Name in Full: John Calvin Clark

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gelmore; County: Allegany

Date of death: Month: April; Day: 1

Age: Years: 68; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Hagerstown

Married, Single or Widowed: Widower

Occupation: Farm Master

Name of Wife or Husband: —

Father's Name: Isaac Clark

Father's Birthplace: Not known

Mother's Maiden Name: Not known

Mother's Birthplace: " "

Name of person giving information: Mrs Lavonia Coltrane

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Asthma — How long: 2 Years

Immediate: Apoplexy — How long: Suddenly

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Skilling

Address: Lonaconing

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Cumb (County) Allegany

Date of death 1904 (Month) Apr (Day) 27 Age (Years) — (Months) — (Days) —

Sex — Color or Race White Birthplace Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name John W. Clark. Father's Birthplace —

Mother's Maiden Name Mary Pressman Mother's Birthplace —

Name of person giving Information J. W. Clark How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Premature Birth 6th Month. How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician J. W. Workman

Address

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Elizabeth Coleman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westernport; County: Allegany

Date of death: 1904; Month: 4; Day: 3

Age: Years: 78; Months: 1; Days: 13

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: ~

Where Residing if not at place of death: Westernport

Married, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: Samuel Jenkins; Father's Birthplace: Va

Mother's Maiden Name: Wilt; Mother's Birthplace: Va

Name of person giving information: Isrea Coleman; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lagrippe; How long: 12 days

Immediate: Pneumonia; How long: 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. S. Parsons

Address: Piedmont W. Va.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Albert Crowtem

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland — County: Allegany

Date of death: 1904 — Month: Apr — Day: 3 — Age: Years: 44 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Italy

Occupation: Laborer — Where Residing if not at place of death: Henry W. Va

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: Italy

Mother's Maiden Name: — Mother's Birthplace: Italy

Name of person giving Information: Brother — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burn — How long: 3 weeks

Immediate: Exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Spear.

Address: Cumberland Md

Accident or Suicide? accident

LIBRARY BUREAU A6881S

Name in Full: Edna Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg | County:

Date of death: 1904 | Month: 4 | Day: 25 | Age: Years: 14 | Months: 9 | Days:

Sex: Female | Color or Race: Colored | Birthplace: Md

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: Singl | Name of Wife or Husband:

Father's Name: William Davis | Father's Birthplace: Md

Mother's Maiden Name: Susan Bates | Mother's Birthplace: Md

Name of person giving Information: Susan Bates | How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis | How long: 7 months

Immediate: General debility | How long: 2 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. F. Simmons

Address: 63 N. Mechanic

Accident or Suicide? Natural

LIBRARY BUREAU A88616

Name in Full: Mary Ann Dilfer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lonaconing — County: Allegany

Date of death 190 4 — Month: Apr. — Day: 9 — Age — Years: 51 — Months: 3 — Days: 27

Sex: Female — Color or Race: White — Birthplace: Lonaconing Md.

Married, Single or Widowed: Married — Occupation: —

Name of ~~Wife~~ Husband: Fredrick F. Dilfer

Father's Name: Henry Hanckamp — Father's Birthplace: Germany

Mother's Maiden Name: Nancy Ayers — Mother's Birthplace: Lonaconing Md.

Name of person giving Information: F. F. Dilfer — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 5 days

Immediate: Cerebral Hemorrhage — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Gibson Porter

Address: Lonaconing Md.

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Mary Douglas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Alle

Date of death: 1904; Month: 4; Day: 6; Age: Years 29; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Ohio

Occupation: housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband:

Father's Name: Mr Irving; Father's Birthplace: Ohio

Mother's Maiden Name: G.; Mother's Birthplace:

Name of person giving In formation: Geo S Douglas; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Anemia; How long: 4 mos

Immediate: Exhaustion; How long: 24 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician: G H Brace M D

Address: Cumberland Md

Accident or Suicide? Dr Brace

LIBRARY BUREAU A66016

Name in Full: Cathrine E Edenhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Ridgely (Town) Marion (County) W Va ~~MARYLAND~~

Date of death: 1904 (Month) Oct (Day) 29 — Age: (Years) 3 (Months) 3 (Days)

Sex: Female — Color or Race: White — Birthplace: Ridgely W Va

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: John Edenhardt — Father's Birthplace: Ridgely W Va

Mother's Maiden Name: Cathrine Clark — Mother's Birthplace: Ireland

Name of person giving Information: John Edenhardt — How related to deceased: Father

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 3 Weeks

Immediate: Intestinal Hemorrhage — How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr J W Wiley

Address: Ridgely W Va

~~Accident or Suicide?~~

LIBRARY BUREAU A88518

CERTIFICATE OF DEATH

MARYLAND

Name in Full: John J Farrell

Died at: Town: Emmorton — County: Allegany

Date of death	Month	Day	Age	Months	Days
1904	4	9	73	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White	Birthplace: Md	
Occupation: Ins inspector	Where Residing if not at place of death:		
Married, Single or Widowed: Married	Name of Wife or Husband:		
Father's Name: Patrick Farrell		Father's Birthplace: Balto	
Mother's Maiden Name: Louisa Duggan		Mother's Birthplace: Irland	
Name of person giving information: Patrick Farrell		How related to deceased: Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis Pulmonalis	How long
Immediate: Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician: T B McDonald
	Address: Emmorton Md
Accident or Suicide? —	

LIBRARY BUREAU A99518

Name in Full: Franklin Lawrence Fields

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County:

Date of death: 1904; Month: April; Day: 4; Years: Age 0; Months: 9; Days: 7

Sex: M; Color or Race: W; Birthplace: Cumb'd Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jos M. Fields; Father's Birthplace: Md

Mother's Maiden Name: Lizzie B.; Mother's Birthplace: Md

Name of person giving information: Lizzie B Fields; How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 1 week

Immediate: Exhaustion; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G L Broadwater M.D.

Address: 95 Va Ave Cumberland Md

Accident or Suicide? N

LIBRARY BUREAU A38616

Name in Full: James Emmet Forten

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Barton — County: Allegany

Date of death 1904: Month: April — Day: 3 — Age: Years: — Months: 11 — Days: 20

Sex: Male — Color or Race: White — Birthplace: Alleg Co

Married, Single or Widowed: L — Occupation: L

Name of Wife or Husband: L

Father's Name: Patrick Forten — Father's Birthplace: Alleg. Co

Mother's Maiden Name: [illegible] — Mother's Birthplace: Alleg. Co

Name of person giving information: Mrs. E. Forten — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Meningetis — How long: One week

Immediate: Convulsions — How long: Several hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. A. Boucher

Address: Barton, Md.

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Joseph Gardner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing | County: Allegany

Date of death 1904: Month: April | Day: 29 | Age: Years: — | Months: 2 | Days: 8

Sex: Male | Color or Race: White | Birthplace: Lonaconing Md.

Married, Single or Widowed: Single | Occupation: —

Name of Wife or Husband: —

Father's Name: Edward Gardner | Father's Birthplace: Lonaconing Md.

Mother's Maiden Name: Martha Sergeant | Mother's Birthplace: " "

Name of person giving information: Edward Gardner | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Prematurity | How long: —

Immediate: Not seen until after death. History of Pneumonia | How long: (24 hours)

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Gibson Porter

Address: Lonaconing, Md.

Accident or Suicide? No

LIBRARY BUREAU A88018

Name in Full: Edward Lee Gibbans

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Alleghany

Date of death 1904: Month: April — Day: 12

Age: Years: — Months: 3 — Days: 3

Sex: Male — Color or Race: White — Birthplace: Keyser

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband:

Father's Name: M. J. Gibbans — Father's Birthplace: Burton W. Va.

Mother's Maiden Name: Cula Nixon — Mother's Birthplace: Keyser W. Va.

Name of person giving In formation: Mrs Nixon — How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: From birth

Immediate: Exhaustion — How long: Several days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. L. Barkdoll

Address: 116 Fa. ave. Cumberland Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Thomas Gilberty

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Piedmont | County: Mineral | W. Va.

Date of death: 1904 | Month: 4 | Day: 22 | Age: Years 35 | Months | Days

Sex: Male | Color or Race: White | Birthplace: Ireland

Occupation: Fireman | Where Residing if not at place of death: Piedmont

Married, Single or Widowed | Name of Wife or Husband

Father's Name: Bernard Gilberty | Father's Birthplace: Ireland

Mother's Maiden Name: Bridget Cullen | Mother's Birthplace: "

Name of person giving information: Brother-in-Law | How related to deceased: Brother-in-Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart trouble | How long: 2 or 3 hours

Immediate: X | How long: X

Are the name, age, sex, color, date and place correctly given above? yes | Signature of Physician: E. H. Parsons | Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: George Martin Goss

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govs — County: Allegany

Date of death: Month: Feb — Day: 13 — 1904

Age: Years: 95 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Va

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: Eliza

Father's Name: [illegible] — Father's Birthplace:

Mother's Maiden Name: [illegible] — Mother's Birthplace: —

Name of person giving information: Mrs A J Rockhold — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cut throat — How long: —

Immediate: Hemorrhage — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J M Spurr

Address: [redacted]

Suicide?

LIBRARY BUREAU A33516

Name in Full: James Andrew Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904 April 8th

Age: Years 2; Months 10; Days —

Sex: Male

Color or Race: Colored

Birthplace: Cumberland

Occupation: —

Where Residing if not at place of death: 2 Fayette St

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Hall

Father's Birthplace: Ind

Mother's Maiden Name: Lucy Holly

Mother's Birthplace: Va.

Name of person giving Information: Luley Hall

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia

How long: 3 days

Immediate: " "

How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. H. White

Address: 225 S. Mechanic St

Cumberland Md

Accident or Suicide?

LIBRARY BUREAU ASSN'S

Name in Full: Mrs. M. M. Harman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death: Month: April; Day: 13; 1904; Age: Years: 23; Months; Days

Sex: Female; Color or Race: White; Birthplace

Occupation; Where Residing if not at place of death

Married, Single or Widowed; Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis; How long

Immediate; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Copied from Frostburg Clerk MMR

Accident or Suicide?

Signature of Physician: C. G. Jacobs

Address: Frostburg

LIBRARY BUREAU A80316

Name in Full: Sarah Jane Harrington (Gatchell)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bond Spring; County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 April 17 — Age: Years 38, Months 4, Days 9

Sex: Female — Color or Race: White — Birthplace: Petersburg Pa

Occupation: Housewife — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of Wife or Husband: C. J. Harrington

Father's Name: P. P. Ward — Father's Birthplace: Middlesburg Pa

Mother's Maiden Name: Rebecca Galahager — Mother's Birthplace: Maryland

Name of person giving information: C. J. Harrington — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: four months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. Jacobs M.D.

Address: Frostburg Md.

Accident or Suicide? Neither

LIBRARY BUREAU A83816

Name in Full: John Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death 1904: Month: April; Day: 3

Age: Years: 67; Months: 4; Days: 3

Sex: male; Color or Race: White; Birthplace: England

Occupation: Miner

Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~; Name of Wife or ~~Husband~~: Mary Harris

Father's Name: Dead

Father's Birthplace:

Mother's Maiden Name: Dead

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchial Asthma — How long: 4 Days

Immediate: Dyspepsia — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. H. Brauns

Address: Cumberland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU AB8816

Name in Full: Rose mary Child of Harrison S. Hazlett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg — County: Allegany

Date of death: Month: April — Day: 19 — 1904

Age: Years: — Months: — Days: 1

Sex: F. — Color or Race: W. — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harrison S. Hazlett — Father's Birthplace: Pa

Mother's Maiden Name: Mary Bell Rowe — Mother's Birthplace: Md

Name of person giving information: Mother — How related to deceased:

CAUSES OF DEATH

Primary: Premature — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. M. Lane M. D

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Debbie W. Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmorton — County: Harford

Date of death: Month: 4 — Day: 5 — 1904

Age: Years — Months: 11 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Albin Harris — Father's Birthplace: West Va

Mother's Maiden Name: Lizzie Brown — Mother's Birthplace: Md

Name of person giving Information: Albin Harris — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchial Pneumonia — How long: One week

Immediate: Bronchial Pneumonia — How long: " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. D. Jackson

Address:

Accident or Suicide? D. Fortune

LIBRARY BUREAU A20516

Name in Full: Samuel Hill

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cent — County: Queen

Date of death 1904	Month	Day	Years	Months	Days
	Apr	9	Age 18 -	11	9

TO BE ANSWERED BY NEAREST FRIEND

Sex: male	Color or Race: Colord	Birthplace: Va Va	
Occupation: Laborer	Where Residing if not at place of death: —		
Married, Single or Widowed: Sinjw	Name of Wife or Husband: —		
Father's Name: Lord Hill		Father's Birthplace: Va	
Mother's Maiden Name: Dunk.		Mother's Birthplace: —	
Name of person giving Information: Lord Hill		How related to deceased: Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever		How long: 3 weeks
Immediate: Nervous Exhaustion		How long: 5 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: Jno. H. Tompkins	
	Address: [redacted] Md	
Accident or Suicide?		

LIBRARY BUREAU A66816

Name in Full: Stella May Hudson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegheny

Date of death 190 4 April — Month — Day: 2 — Age — Years: 1 — Months: — — Days: 24

Sex: Female — Color or Race: White — Birthplace: Cumberland

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Walter Hudson — Father's Birthplace: Virginia

Mother's Maiden Name: Julia Shettal — Mother's Birthplace: Westminster

Name of person giving information: Mrs Hudson — How related to deceased: grand Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Double Pneumonia — How long: 7 days

Immediate: Asphyxia — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. R. Barksdale

Address: 116 Fa Ave

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mrs John A Kane

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: 4 — Day: 8 — Age — Years: 42 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Frank Kane — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intra Cerebral — How long:

Immediate: Hemorrhage — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo H Carpenter

Address: Cumberland

Accident or Suicide? Dr Carpenter

LIBRARY BUREAU A66616

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Cumberland (County) Allegany

Date of death 1904 (Month) 4 (Day) 22 Age (Years) — (Months) — (Days) 1

Sex Boy Color or Race White Birthplace Cumberland

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Henry Knierim Father's Birthplace Cumberland Md

Mother's Maiden Name Mary Diehl Mother's Birthplace Pa

Name of person giving Information Gus Knierim How related to deceased uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Premature birth How long —

Immediate — How long 1

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J M Spear

Address Cumberland Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66516

Name in Full

Certificate of Death

Frederick J Laing

Town

County

Died at Cumberland md MARYLAND

Date 1904 Month April Day 26 | Age Y. 55 M. D. | Native of | Occupation merchant

~~Male~~ White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 6

Husband of Mother Catherine A Laing

Father's Name Frederick Laing

Mother's Maiden Name Mrs. Anna Laing

Cause of Death: Primary Gastro Intestinal Catarrh — How long sick many years

Immediate Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by Howard Wilson

Address Cumberland Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: James D. Lee

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing County: Allegany

Date of death 1904: Month: April Day: 24

Age: Years: 60 Months: 3 Days: 4

Sex: Male Color or Race: White Birthplace: Scotland

Married, Single or Widowed: Married Occupation: Miner

Name of Wife or Husband: Jennet Scott

Father's Name: James Lee Father's Birthplace: Scotland

Mother's Maiden Name: Martha Thompson Mother's Birthplace: Scotland

Name of person giving information: Mrs Jennet Lee How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis How long: One Year

Immediate: Endrocarditis How long: Six months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Skilling

Address: Lonaconing

Accident or Suicide? No

LIBRARY BUREAU A08516

Name in Full: Delilah Catharine Linkwelder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westernport; County: Allegany

Date of death 1904: Month: 4; Day: 14

Age: Years: 36; Months: 7; Days: 15

Sex: Female; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Widow; Occupation:

Name of Wife or Husband: Delilah Catharine Linkwelder

Father's Name: Levi Buckelew; Father's Birthplace: Md

Mother's Maiden Name: Catharine Isaacs; Mother's Birthplace: "

Name of person giving information: Mrs Catharine Buckelew; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drunkin Spasms; How long: X

Immediate: X; How long: X

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. Kalbaugh

Address: Richmond Va

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Louisa Linnenborger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eckhart Mines; County: Allegany

Date of death: 1904; Month: 4; Day: 21; Age: Years: 63; Months: ; Days:

Sex: F.; Color or Race: W.; Birthplace: Germany.

Occupation: HW.; Where Residing if not at place of death:

Married, ~~Single or Widowed~~; ~~Name of Wife or~~ Husband: Fritz Linnenborger

Father's Name: Fritz Linnenborger; Father's Birthplace: Germany

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving information: Fritz; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption; How long: 2 yrs

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. O. McLane M. D.

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A66616

7. 7 & U. Co

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Sarah Ann Hoar

Died at: Town: Hoaxtown — County: Allegany

Date of death 1904: Month: April — Day: 24 — Age: Years: 48 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Allegany Co.

Married, Single or Widowed: Married — Occupation: Housework

Name of Wife or Husband: Jacob Hoar

Father's Name: Shedrick Hoar — Father's Birthplace: Allegany Co.

Mother's Maiden Name: Elizabeth Hunderson — Mother's Birthplace: Allegany Co.

Name of person giving Information: Jacob Hoar — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Idiopathic Peritonitis — How long: Five days.

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. N. Johnson

Address: Oakland Summit.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Henry Merrill Lodgson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland ville — County: Alleg.

Date of death: 1904 — Month: 4/0 — Day: 13 — Age: Years: 1 — Months: 2

Sex: male — Color or Race: White — Birthplace: Garrettsville

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name or Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Michael J. Lodgson — Father's Birthplace: Md

Mother's Maiden Name: Margaret E. Fisher — Mother's Birthplace: Md

Name of person giving information: Michael J. Lodgson. — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: About one week

Immediate: Pneumonia & Convulsions — How long: About 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. H. Hodgson

Address: Cumberland Md

Accident or Suicide?

Dr Hodgson

LIBRARY BUREAU

Name in Full: Hazel Long

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumb — County: Allegh

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: Apr — Day: 14 — 1904

Age: Years: — Months: — Days: 17

Sex: Female — Color or Race: White — Birthplace: Cumb

Occupation: — — Where Residing, if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Ira M. Long. — Father's Birthplace: Pa

Mother's Maiden Name: Jessie Early. — Mother's Birthplace: Md

Name of person giving In formation: Ira M Long — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular lesion of heart — How long: 3 days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. A. Slaughenhaupt

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Frank Lovell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: W. Va. County: Mineral

Date of death: Month: Apl. Day: 17 Age: Years: 75 Months: Days:

Sex: Male Color or Race: White Birthplace: England

Occupation: Where Residing if not at place of death: Elizabeth

Married, ~~Single~~ or Widowed: Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Elizabeth Lovell How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Disease of Heart - 19 How long: Dorsh time -

Immediate: Heart failure How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Wiley

Address: Elkhorn W. Va.

Accident or Suicide?

LIBRARY BUREAU A66614

Name in Full: George Kalvin Mcdonald

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boyds — County: Mtg

Date of death 190 4 — Month: 4 — Day: 24 — Age: Years: — Months: 8 — Days: -

Sex: Male — Color or Race: White — Birth-place: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Robert Mcdonald — Father's Birthplace: West Va

Mother's Maiden Name: Martha Hensell — Mother's Birthplace: Md

Name of person giving In formation: Robert Kalvin — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measles — How long: 2 weeks

Immediate: Pneumonia Wemingitis — How long: 10 & 6 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E B Claybrook M.D

Address: Cumberland Md

Accident or Suicide? Claybrook

LIBRARY BUREAU A88816

Name in Full: Vincent Leo Mackin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: Month: Aug; Day: 7; 1904

Age: Years: —; Months: 9; Days: —

Sex: Male; Color or Race: White; Birthplace: Emmitsburg

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: P. J. Mackin; Father's Birthplace: Ireland

Mother's Maiden Name: Mary A Kearney; Mother's Birthplace: Md

Name of person giving Information: P. J. Mackin; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: —

Immediate: Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: —

Address: [redacted]

Accident or Suicide: —

LIBRARY BUREAU A88516

Name in Full: Louis Marks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sonaconing; County: Allegany

Date of death 190 4: Month: April; Day: 3

Age: Years: 69; Months: "; Days: "

Sex: Male; Color or Race: White; Birthplace: Germany

Married, Single or Widowed: Married; Occupation: Saloon keeper

Name of Wife or Husband: Marguirette Kolmer

Father's Name: not known; Father's Birthplace: Germany

Mother's Maiden Name: not known; Mother's Birthplace: "

Name of person giving Information: Marguirita Marks; How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Miners Asthma, Many years standing; How long: 4 day

Immediate: Bronchio-Pneumonia; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: James A. Bullock

Address: Sonaconing Maryland

Accident or Suicide? no

LIBRARY BUREAU A98516

Lucinda Mugan

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Shaft County: Alle

Date of death 1904 Month: 4 Day: 27

Age Years: 47 Months: 1 Days: 8

Sex: F Color or Race: W Birthplace: England

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband: Richard Mugan

Father's Name: John Boynter Birthplace: England

Mother's Maiden Name: Mary Collins Birthplace: "

Name of person giving Information: Chas Boynter How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis How long: 8 mo

Immediate: " " How long:

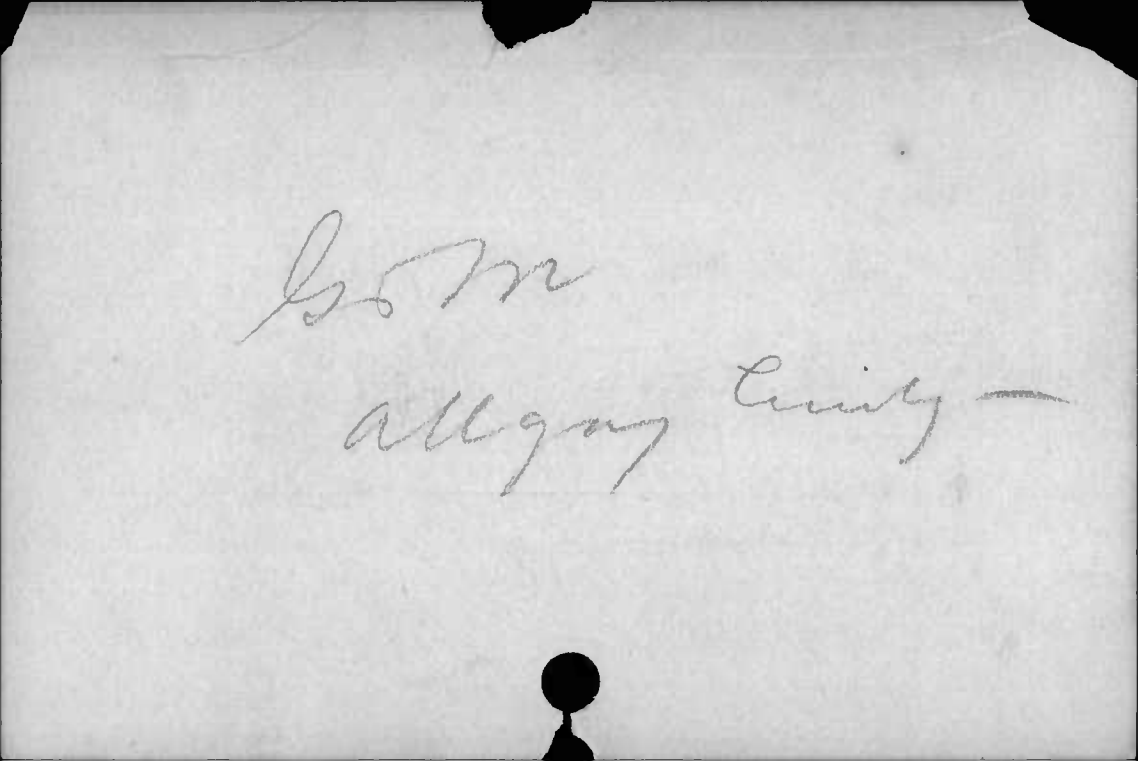
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fenwick

Address: Frostburg

Accident or Suicide?

LIBRARY BUREAU A28316



Name in Full: Florence Metzger

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany

Date of death 1907: Month: 4 — Day: 11 — Age: Years: 49 — Months: 11 — Days: 29

Sex: Female — Color or Race: White — Birthplace: U. S.

Married, Single or Widowed: Maried — Occupation: N. N.

Name of Wife or Husband: John S. Metzger

Father's Name: Joseph Keller — Father's Birthplace: U. S.

Mother's Maiden Name: Susan Keller — Mother's Birthplace: U. S.

Name of person giving In formation: Frank Metzger — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Nephritis — How long: 1 Month

Immediate: Cardiac Dumpsing — How long: One year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas F. Mooney

Address: Frostburg, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A68516

C & N

Jersey Cows

Name in Full: Annie Mary Miller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumb. County: Allegh.

Date of death: 1904 Month: Apr Day: 3 Age: Years: 39 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed: , Name of ~~Wife or~~ Husband: John Miller

Father's Name: Dead Father's Birthplace: —

Mother's Maiden Name: Marie W. Sharp Mother's Birthplace: Germany.

Name of person giving Information: John Miller How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis. How long

Immediate: Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. L. L. Johnson & T. B. McDonald

Address: Cumberland Md

Accident or Suicide? —

LIBRARY BUREAU A69816

Name in Full

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1904 Month Apl Day 22 | Age Y. — M. — D. — | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Geo Muhlbrath | Mother's Maiden Name Joan Dahe

Cause of Death: Primary 5. mos. Fortus | How long sick —

Immediate Abortion — 5 | Accident, ~~Suicide, Homicide~~

Reported by C H Braee

Address Cumbd Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Agnes Monaghan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: April; Day: 29; Age: Years: 63; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Ireland

Married, Single or Widowed: Widowed; Occupation: Coal Miner

Name of Wife or ~~Husband~~: Maria Mallon

Father's Name: Patrick Monaghan; Father's Birthplace: Ireland

Mother's Maiden Name: Bridget Nolan; Mother's Birthplace: "

Name of person giving information: Mrs. Clapp; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe; How long: 3 weeks

Immediate: Pneumonia; How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Gibson Porter

Address: Lonaconing Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88818

Name in Full: Sarah Norris.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Franklin — County: Allegany

Date of death: Month: 4 — Day: 1 — 1904

Age: Years: 2 — Months: 11 — Days:

Sex: Female — Color or Race: White — Birthplace: Midlan

Occupation:

Where Residing if not at place of death: Franklin

Married, Single or Widowed: S

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Norris — Father's Birthplace: Md

Mother's Maiden Name: Sarah D Martin — Mother's Birthplace: Penna

Name of person giving Information: Sarah Norris — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 4 Months ~~4 days~~

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T. L. Patterson M.D.

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A88218

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Ellen J. A. Oglebay

Died at: Town: Cumberland / County: Allegany

Date of death 1904: Month: Apr. / Day: 12 / Age: Years: 59 / Months / Days

Sex: Female / Color or Race: White / Birthplace: Md

Married, Single or Widowed: Single / Occupation: Housework

Name of Wife or Husband:

Father's Name: John Oglebay / Father's Birthplace: Pa

Mother's Maiden Name: Elizabeth Selby / Mother's Birthplace: Md

Name of person giving In formation: Harry L. Oglebay / How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility. / How long

Immediate: Exhaustion / How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. A. Foard, M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Laura Parker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frostburg — County: Allegany

Date of death: 1904 — Month: April — Day: 6 — Years: 49 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Frostburg Md

Occupation: Housekeeper for Judge Wright — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: A. F. Parker

Father's Name: Peter Payne — Father's Birthplace:

Mother's Maiden Name: Lydia Caton — Mother's Birthplace:

Name of person giving information: J. W. Shea — How related to deceased: Neighbor

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Gastritis — How long: 12 hours

Immediate: Heart failure — How long: Instantaneous

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Colby

Address: Frostburg Md

Accident or Suicide? No

LIBRARY BUREAU A88816

G. T. M.

alley cemetery

Name in Full: John Edward Paul

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Savage — County: Allegany

Date of death 1904: Month: April — Day: 8 — Age: Years: 1 — Months: 1 — Days: 4

Sex: Male — Color or Race: White — Birthplace: Md. Savage Md

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Henry Paul — Father's Birthplace: Md. Savage Md

Mother's Maiden Name: Mary E. Hamilton — Mother's Birthplace: Flintshire Md

Name of person giving information: J. H. Paul — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enanthon — How long: 1 year

Immediate: Pneumonia — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Knapke

Address: Md. Savage Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Denver Homer Paxton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: Month: April; Day: 29; Age: Years: 1; Months: 10; Days: 7

Sex: Male; Color or Race: White; Birthplace: Cumberland

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed:; Name of Wife or Husband:

Father's Name: D B Paxton; Father's Birthplace: W. Va

Mother's Maiden Name:; Mother's Birthplace: Maryland

Name of person giving Information: Mrs D B Paxton; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sarcoma of Kidney; How long: 6 Mos

Immediate: F Lawton; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E B Lelay M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: Emma Plummer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Alms House; County: Allegany

Date of death: Month: April; Day: 30; 1904

Age: Years: 58; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation:

Where Residing if not at place of death: Alms House

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Epilepsy — How long: Years

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Fur'ay, M.D.

Address: Cumberland Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Elizabeth Poole

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mt Savage — County: Allegany

Date of death 1904 — Month: April — Day: 13 — Age: Years 84 — Months 4 — Days

Sex: Female — Color or Race: White — Birthplace: England

Married, Single or Widowed: Single — Occupation: Housekeeper

Name of Wife or Husband: —

Father's Name: Alvin Poole — Father's Birthplace: England

Mother's Maiden Name: [illegible] — Mother's Birthplace: [illegible]

Name of person giving Information: Frank Swaine — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exhaustion — How long: 3 weeks

Immediate: Exhaustion — How long: [illegible]

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. Alan Thomas M.D.

Address: Mt Savage

Accident or Suicide? Accident

LIBRARY BUREAU A888|8

Name in Full: Vincenty Borkowski

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Old Bay Camp — County:

Date of death 1904: Month: Apr — Day: 25 — Age: Years: 30 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace:

Married, Single or Widowed: Not Known — Occupation: Laborer

Name of Wife or Husband: do

Father's Name: do. — Father's Birthplace: Not Known

Mother's Maiden Name: do. — Mother's Birthplace: do

Name of person giving Information: J. Nicholas Contractor — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cardiac Regurgitation — How long: 2 mos

Immediate: Heart Dilation — How long: Half hour

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Leo S. Harbaugh

Address: Old Bay Camp — Sub Ry Bridge

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: George Poyor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd — County: Allegany

Date of death: 1904 — Month: apr — Day: 13 — Age: Years: 1 — Months: — — Days: 22

Sex: Male — Color or Race: White — Birthplace: Cumb'd

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Micheal Poyor — Father's Birthplace: Pa

Mother's Maiden Name: Anna " — Mother's Birthplace: Pa

Name of person giving Information: Micheal Poyor — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capilary Bronchitis — How long: Doesn't Know

Immediate: Convulsions — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: W. P. Purgitt

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A886-18

Name in Full: Geo. N. Ryffin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland | County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190 X	Month	Day	Years	Months	Days
	April	12	Age 5-4		

Sex: Male | Color or Race: White | Birthplace: Md

Occupation: Engineer | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Margaret Ryffin

Father's Name: Henry Reiter | Father's Birthplace: Md

Mother's Maiden Name: Ella Paris | Mother's Birthplace: W Va

Name of person giving Information: Roy Ryffin | How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: | How long:

Immediate: Pneumonia | How long: 9 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. S. Hahn M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name In Full

Certificate of Death

Annie C. Rauch

Died at Cumberland (Town) Allegany (County) · MARYLAND

Date 1904 Month 4 Day 25 | Age Y. 82 M. 0 D. 15 | Native of Germany | Occupation Housekeeper

~~Male~~ / Female

White / ~~Coloured~~

~~Married~~ / ~~Single~~ / Widow / ~~Widower~~

~~Divorced~~

Number of children living 6

~~Husband~~ / Wife of Martin Rauch (dec'd)

Father's Name _____

Mother's Maiden Name _____

Cause of Death: Primary Old age

Immediate Exhaustion

How long sick 4 mos

~~Accident, Suicide, Homicide~~

Reported by W. F. Fuss

Address Cumberland

Must be signed by physician, if [illegible] attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Reams

CERTIFICATE OF DEATH

Died at: Town: Mt. Savage — County: Allegany — MARYLAND

Date of death 1904: Month: April — Day: 16 — Age: Years: — Months: — Days: 1

Sex: Female — Color or Race: White — Birthplace: Md. Savage Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Philmore Reams — Father's Birthplace: Somerset Co. Pa

Mother's Maiden Name: Mary Hansen — Mother's Birthplace: Southampton Co Va

Name of person giving information: Mary Hansen — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Premature Labor 7 mos — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Quayle

Address: Mt. Savage Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Chas. Thos. Read

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Md Seraga — County: Allegany

Date of death 1904 — Month: April — Day: 20 — Age: Years 7 — Months — Days 14

Sex: Male — Color or Race: White — Birthplace: Md Seraga

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Thos Read — Father's Birthplace: Md

Mother's Maiden Name: Myrtle Fleegle — Mother's Birthplace: Md

Name of person giving information: Mrs Read — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart — How long: all life

Immediate: Cyanosis & Dyspnea — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Alan E. Murray M.D.

Address: Md Seraga Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Mrs Louis E. Reese

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing County: Allegany

Date of death 1904: Month: April Day: 26 Age: Years: 34 Months: Days:

Sex: Female Color or Race: White Birthplace: Pa

Married, Single or Widowed: Married Occupation: Housewife

Name of Wife or Husband: Louis Reese

Father's Name: John Dennison Father's Birthplace: Pa

Mother's Maiden Name: Higgins Mother's Birthplace: Pa

Name of person giving Information: Louis Reese How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Interstitial Nephritis How long: Some months

Immediate: Apoplexy How long: Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Killing

Address: Lonaconing.

Accident or Suicide? No

LIBRARY BUREAU A89516

Name in Full: Ruth Virginia Riley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Allegh

Date of death: Month: apr — Day: 21 — Year: 1904 — Age: Years: 4 — Months: 4 — Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: White — Birthplace: Cumbd

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Frank M Riley — Father's Birthplace: Cumbd

Mother's Maiden Name: Caroline J. Zilk — Mother's Birthplace: Cumbd

Name of person giving In formation: Frank M Riley — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: measles. Pneumonia — How long: 1 week

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: C. T. Dupe

Address: Cumberland. Md

Accident or Suicide?

LIBRARY BUREAU A66818

Name in Full James Robinson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Piedmont — County: Garrett — W. Va.

Date of death 1904: Month 4 — Day 12 — Years Age 31 — Months 3 — Days 13

Sex Male — Color or Race White — Birthplace Cumberland Co

Married, Single or Widowed Widower — Occupation Miner — Nott Amberland Co

Name of Wife or Husband Jennie Robinson — England

Father's Name William Robinson — Father's Birthplace Eng

Mother's Maiden Name Elizabeth " — Mother's Birthplace "

Name of person giving Information William Huntley — How related to deceased Brother in law

CAUSES OF DEATH

166

PHYSICIAN OR CORONER

Primary — How long —

Immediate Injured By Fall of Coal — How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician D. F. Long

Address Piedmont W. Va.

Accident or Suicide? Accident

LIBRARY BUREAU A88316

Name in Full: Robert Rogers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmn — County: Alle

Date of death: 1904 — Month: 4 — Day: 29 — Age: Years: 2 — Months: 2 — Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Ed k Rogers — Father's Birthplace: Md

Mother's Maiden Name: Clara Furnal — Mother's Birthplace: West Va

Name of person giving Information: Ed k Rogers — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 4 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. A. Townsend

Address: Emmitsburg Md

Accident or Suicide? Koan

LIBRARY BUREAU A88816

H 31 Arch 51

Name in Full: Matilda Savenijk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: 4 — Day: 19 — 1904 — Age: Years: 38 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Sweden

Occupation: Wife — Where Residing If not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: E J. Savenijk

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J W Tuckman MD

Address: Cumberland Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Barnum Pa

LIBRARY BUREAU A88816

Name in Full: Mrs Eliza Silig

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Carlos — County: Allegany

Date of death 1904 — Month: 4 — Day: 4 — Age — Years: 23 — Months: 4 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: H. W. — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of ~~Wife~~ or Husband: Chas Silig

Father's Name: James Hitchins — Father's Birthplace: Wales

Mother's Maiden Name: Mary Ann Stevens — Mother's Birthplace: Md

Name of person giving Information: Mrs John A. Hughes — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aortic Regurgitation — How long: 10 yrs

Immediate: Passive Congestion of Lungs — How long: 3 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature Physician: W. O. McClane M. D.

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A86016

lsm

Allegheny Co.

Name in Full: Lillie May Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: Month 4 — Day 2 — 1904 — Age: Years 26 — Months — — Days —

Sex: Female — Color or Race: Col. — Birthplace: Cumberland

Occupation: House work — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Robt. H Smith

Father's Name: Addison Miller — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: — — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Nephritis — How long: about 5 weeks.

Immediate: Uremia — How long: 2 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. H. Tompkins

Address: 63 N. Mechanic

Accident or Suicide? —

LIBRARY BUREAU A66616

Name in Full: Wm Jackson Stottlemyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg — County: Frederick

Date of death: 1904 — Month: April — Day: 15 — Age: Years: 2 — Months: 5 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: George Stottlemyer — Father's Birthplace: Md

Mother's Maiden Name: Rose Eader Eaker — Mother's Birthplace: Va

Name of person giving Information: George Stottlemyer — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 Wks.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. A. Long

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A30816

Name in Full: Joseph Elmer Sullivan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Westernport — County: Allegany

Date of death 1904 — Month: 4 — Day: 9 — Age — Years: 2 — Months: 5 — Days:

Sex: Male — Color or Race: White — Birthplace: Westernport

Occupation: — Where Residing if not at place of death: Westernport

Married, Single or Widowed: M. — Name of Wife or Husband:

Father's Name: James T. Sullivan — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Guy — Mother's Birthplace: Md

Name of person giving Information: James T. Sullivan — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: one month

Immediate: X — How long: 1

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J B Thompson

Address: Westernport

Accident or Suicide? X

LIBRARY BUREAU A88816

Name in Full: Ivan Tilkovic

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Iron Camp — County: Allegany

Date of death 1904: Month: April — Day: 16.

Age: Years: 26. — Months: 5 — Days: 16.

Sex: Male — Color or Race: White — Birthplace: Austria

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband:

Father's Name: Ivan Tilkovic — Father's Birthplace: Austria

Mother's Maiden Name: Tila — Mother's Birthplace: "

Name of person giving In formation: Nepolo Tonjan — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Hemorrhage — Internal Injury — How long: Half hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M D Leo V. Hartnett

Address: Mt Iron Md

Accident or Suicide? Accident.

Sub-Registrar B & P

LIBRARY BUREAU A3801G

Name in Full: Elizabeth Helena Tennant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: Apr.; Day: 2; Age: Years: 34; Months: —; Days: 1

Sex: Female; Color or Race: White; Birthplace: Lonaconing Md.

Married, Single or Widowed: Married; Occupation: Wife

Name of Husband: John T. Tennant

Father's Name: John Lochner; Father's Birthplace: Germany

Mother's Maiden Name: Mary Frats; Mother's Birthplace: "

Name of person giving information: John T. Tennant; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 2 years

Immediate: Exhaustion; How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Alton Porter

Address: Lonaconing Md.

Accident or Suicide? No.

LIBRARY BUREAU A6831

Name in Full: Blanche Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland; County:

Date of death 1904: Month: April; Day: 12; Age: Years: 1; Months: 11; Days: 5

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Charles W. L. Thomas; Father's Birthplace: Md

Mother's Maiden Name: Lucy Purnell; Mother's Birthplace: Md

Name of person giving Information: Lucy Thomas; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 1 week

Immediate: Measles & Exhaustion; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. L. Broadrup M.D.

Address: 98 Va Ave

Cumberland Md

Accident or Suicide? No

LIBRARY BUREAU Ass6016

Name in Full: Elizabeth Treacher

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frostburg, Md County: Allegany

Date of death: Month: 4 Day: 4 1904

Age: Years: 74 Months: 10 Days: 16

Sex: Female Color or Race: White Birthplace: Germany

Occupation: H.W. Where Residing if not at place of death: Home

Married, Single or Widowed: Married Name of Wife or Husband: John Treacher

Father's Name: Father's Birthplace: Germany

Mother's Maiden Name: Mother's Birthplace: Germany

Name of person giving Information: Charles Treacher How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Parenchymatous Nephritis. Et Cardiac Insufficiency How long: 3 Years

Immediate: Uraemia How long: 2 Months

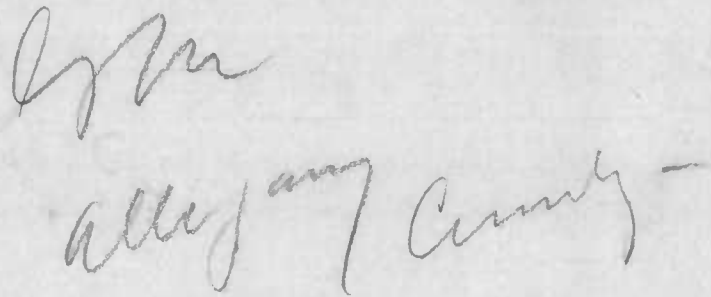
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas F. Ottaway

Address: Frostburg, Md.

Accident or Suicide?

LIBRARY BUREAU A8G5I6



Name in Full: Viola Trimbles

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumld. County: Allegany

Date of death 190[illegible]: Month: Apr. Day: 17 Age: Years: 1 Months: 7 Days: —

Sex: Female Color or Race: Colored Birthplace: Cumld.

Occupation: — Where Residing if not at place of death:

Married, Single or ~~Widowed~~ Name of Wife or Husband:

Father's Name: Charles F Trimbles Father's Birthplace: Md.

Mother's Maiden Name: Rebecca A Holly Mother's Birthplace: Md.

Name of person giving Information: Charles F Trimbles How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hydrocephalus How long: 1 yr 7 mos

Immediate: Exhaustion How long: Several months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. E. Dupe

Address: Cumberland

Accident or Suicide?

LIBRARY BUREAU A89816

29 Lena St.

Name in Full: Jemima Twigg

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: Month: April; Day: 19; Year: 1904; Age: 69 Months: 1; Days: 15

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: Housewife; Where Residing if not at place of death:

Married, ~~Single or Widowed~~; Name of ~~Wife or~~ Husband: Howard B Twigg

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: Nora Twigg; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lagrippe and Asthma; How long: one month

Immediate: Exhaustion; How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo L. Brodrup M.D.

Address: 98 Va ave Cumberland Md.

Accident or Suicide? No

LIBRARY BUREAU A6516

Name in Full: Florence Virginia Walton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: 1904 — Month: 4 — Day: 11 — Age: Years — Months: 7 — Days:

Sex: Female — Color or Race: White — Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Edward Walton — Father's Birthplace:

Mother's Maiden Name: Ella Frederick — Mother's Birthplace:

Name of person giving information: Edward Walton — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute indigestion — How long: 2 days

Immediate: Infantile Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Wiley

Address: Cumberland Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Lillie Georgeanna Weisenburg

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Alle

Date of death 1904 — Month: 4 — Day: 26 — Age: Years 3 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: Pa

Occupation — Where Residing If not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: James Weisenburg — Father's Birthplace: West Va

Mother's Maiden Name: Clara Finn — Mother's Birthplace

Name of person giving In formation: Joseph Snyder — How related to deceased: Family

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Eclampsia — How long: 12 hours

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Hockman

Address: Cumberland Md.

Accident or Suicide? Dr Certificate

LIBRARY BUREAU A66510

Name in Full: George Wells

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Comma — County: Anne

Date of death: Month: Apl — Day: 19 — 1904

Age: Years: 64 — Months: — — Days: —

Sex: male — Color or Race: Colord — Birth-place: —

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplece:

Neme of person giving In formetion: Louis Beck — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drop Dead. — How long:

Immediete: — How long:

Are the name, age, sex, color. dete and place correctly given above? Yes

Signature of Physiclen: W. S. Conner, Cor

Address: Loo Lstain

Accident or Suicide?

LIBRARY BUREAU A66B16

Name in Full: John Wemple.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumbd — County: Allegh

Date of death 1904 — Month: Apr — Day: 15 — Age — Years: — Months: — Days: 5

Sex: male — Color or Race: White — Birthplace: Cumbd

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: John F. Wemple. — Father's Birthplace: Cumbd

Mother's Maiden Name: Dead. — Mother's Birthplace: "

Name of person giving Information: John F. Wemple. — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature birth. — How long: 5 days

Immediate: — — — — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Wiley.

Address: Dan'l Wiley M.D.

Accident or Suicide?

LIBRARY BUREAU A66516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mrs Mary Wempe

Died at: City Cumberland County Alle

Date of death: Month 4 Day 11 1904 Age: Years 33 Months — Days —

Sex: Female Color or Race: White Birthplace:

Occupation: house wife Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband:

Father's Name: John Gaup Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: John Wempe How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Disease of Heart How long: 3 mos

Immediate: Premature Labor How long: a few hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Kelly

Address: Cumberland Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: James White

Died at: Town: Lonaconing County: Allegany

Date of death 1904: Month: April Day: 27

Age: Years: — Months: 5 Days: —

Sex: Male Color or Race: White Birthplace: Lonaconing,

Married, Single or Widowed: Occupation: none

Name of Wife or Husband:

Father's Name: Walter White Father's Birthplace: Md Savage

Mother's Maiden Name: Lizzie McLaughlin Mother's Birthplace: Pekin Md.

Name of person giving Information: Mrs Walter White How related to deceased: Mother,

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apillary Bronchitis How long: 3 days,

Immediate: Meningitis (Cerebral) How long: 12 hours,

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Killing,

Address: Lonaconing.

Accident or Suicide? No,

LIBRARY BUREAU A88516

Name In Full

Certificate of Death

Wm Isaac Wilson

Town: Flintstone County: and

Died at Flintstone MARYLAND

Date 1894 Month: April Day: 4 | Age Y. 67 M. D. | Native of Maryland | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Heart Trouble — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cathran Wilson + Katie Wilson

Address Flintstone md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73888

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from Family

of Carr Emeland

Name in Full: Margrette Winfield

CERTIFICATE OF DEATH

MARYLAND

Died at ~~Res~~ Emmitsburg — Town: Emmitsburg — County: Frederick

Date of death 1904 — Month: April — Day: 23 — Age: 45 Years — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Emmitsburg

Occupation: — — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Mrs Francis Winfield — Mother's Birthplace: Germany.

Name of person giving Information: George Winfield — How related to deceased: Brother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: 5 —

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Jesus Wilson

Address: Emmitsburg Md

~~Witness~~ Address

LIBRARY BUREAU A88816

Name in Full: Hannah McAdams Winter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Barton; County: Allegany

Date of death 1904: Month: April; Day: 6

Age: Years: 58; Months: 10; Days: 26

Sex: Female; Color or Race: White; Birthplace: England

Married, Single or Widowed: Married; Occupation: H.W.

Name of ~~Wife~~ Husband: Robert Winter

Father's Name: Robert McAdams; Father's Birthplace: England

Mother's Maiden Name: Isabel Ridgeath; Mother's Birthplace: " "

Name of person giving information: Robert Winter; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Articular Rheumatism; How long: 4 months

Immediate: Heart failure; How long: a few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. T. Boucher

Address: Barton Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A38516

Name in Full: Harriet Worgen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lonaconing — County: Allegany

Date of death 1904 — Month: April — Day: 28 — Years: 21 — Months: 1 — Days: 18

Sex: Female — Color or Race: White — Birthplace: Lonaconing Md.

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Hubert Worgen — Father's Birthplace: England

Mother's Maiden Name: Miriam Wright — Mother's Birthplace: "

Name of person giving Information: Hubert Worgen Jr. — How related to deceased: Brother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe (Entero-Colitis) — How long: 11 days.

Immediate: Membranous Stomatitis (Hemorrhagic) — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Gibson Porter

Address: Lonaconing Md.

Accident or Suicide? No

LIBRARY BUREAU A6551G